
	<b>Arizona Department of Financial Institutions</b>	
	<b>Deferred Presentment Company</b>	
<b>License Renewal Application</b>		Section 1 Page 1 of 4

**For Year August 1, 2008 through July 31, 2009**

**\*\*Time Sensitive\*\***

The renewal application and the required renewal fee must be completed and submitted to the Department on or before June 30, 2008. Licenses for the new license year will be mailed on or about August 1, 2008. Renewal applications received after June 30, 2008 are in violation of statutes and subject to administrative action. License renewal applications not received by July 31, 2008 will be closed for non-renewal.

**The Department does not offer photocopy or notary services.**

**Financial Statement:** A financial statement prepared in accordance with GAAP is required in order to process the renewal application. Licensees who are unable to file the financial statement with the renewal application may include a letter requesting an extension of time to file the statement. Extensions will not be granted without good cause. If the Superintendent grants the extension the financial statement must be submitted within 30 days of the issuance of the renewal license. If the financial statement is not received by that date, the licensee will be in violation of statutes and subject to administrative action. The financial statement must contain information relating to the licensee's financial condition for the twelve month period ending the previous December 31.

**NOTE: The extension provision applies only to the financial statement.**

We require a current (May 1, 2008 or after) **"Certificate of Good Standing" from the Arizona Corporation Commission** with your renewal, if the license is subject to the Arizona Business Corporation Act regulated by the Arizona Corporation Commission (ACC). If you are licensed with our Department as a sole proprietor or partnership this does not apply to you. Contact the ACC Corporate Records Section at 602-542-3026 or go to their website @ [www.cc.state.az.us](http://www.cc.state.az.us) to find out how to get this certificate online. Pull up your company name on their website and click on the "Check Corporate Status". Follow their instructions for downloading the Certificate.

**Minimum Net Worth Requirement** of at least fifty thousand dollars in cash or cash equivalents is required to renew the license.

A **Statement of Fees Charged** (both in **English** and in **Spanish**) for every licensed location must be included with your renewal. Each statement shall list the license number and physical address of each licensed location. Refer to A.R.S. §6-1257(A)(3)(4). If the fees charged are the same at each location, one statement can be submitted for all locations.



The license renewal fee of \$400.00 for the principal office location and \$200.00 for each branch location must be submitted with the renewal application.

**Make payable to: Arizona Department of Financial Institutions of AZDFI**

**Mail to: Arizona Department of Financial Institutions**  
**Attention: Licensing**  
**2910 N. 44<sup>th</sup> Street, Suite 310**  
**Phoenix, AZ 85018**

If the licensee's name and/or address has changed, complete the Address and/or Name Change Application and submit these changes with your renewal. This form is located at [http://www.azdfi.gov/Licensing/Forms/DPC\\_Add\\_Name\\_Chg\\_Application.pdf](http://www.azdfi.gov/Licensing/Forms/DPC_Add_Name_Chg_Application.pdf)

2910 North 44 <sup>th</sup> Street, Suite 310 Phoenix, AZ 85018	<b>Form:</b> Revised	<b>DPC-REN-001</b> 05/14/2008
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**License Year August 1, 2008 through July 31, 2009**

TYPE OR PRINT ALL INFORMATION.

DO NOT LEAVE BLANKS – IF NOT APPLICABLE USE “NONE” OR “N/A”

MAKE ADDITIONAL COPIES OF ANY PAGE OR ATTACH A SEPARATE SHEET IF ADDITIONAL SPACE IS NECESSARY

**1. Primary Address:**

License Number: <b>DPC</b>	Name:		
DBA Name: (If applicable)			
Address:		City:	State:
			Zip Code:
Telephone Number:	FAX Number:	Tax ID Number:	

**2. Mailing Address if different from the above licensed primary address:**

Address:		E-Mail Address:	
City:	State:	Zip Code:	FAX Number:

**3. Corporate HQ Address if different from the above licensed primary address:**

Company Name:		
Address Line:		
City:	State:	Zip Code:
Telephone Number:	FAX Number:	



**4. List the top (5) persons** (the persons who make the day to day decisions); officers directors, partners, members, trustees whichever is applicable. If any of the top (5) people on file have changed and you have not sent us a Biographical Statement Form and a Fingerprint Card for that person then you must do so now. (Fingerprint Fee is \$24 per card and should be on a separate check from renewal fees).

a. Name	E-mail address:	Title/Capacity
Other Arizona interests		Title/Capacity
b. Name	E-mail address:	Title/Capacity
Other Arizona interests		Title/Capacity
c. Name	E-mail address:	Title/Capacity
Other Arizona interests		Title/Capacity
d. Name	E-mail address:	Title/Capacity
Other Arizona interests		Title/Capacity
e. Name	E-mail address:	Title/Capacity
Other Arizona interests		Title/Capacity

**5. Current Ownership.** If applicant is owned by an entity, provide the name of the entity and its corporate financials. If owned by individuals, provide the names and percentage owned of each person. List additional owners on a separate sheet.

Name	Title	% Owner
Ownership Must total 100%		%

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**6. Control.** List all persons who have the power to vote more than 25% of outstanding voting shares of the licensed corporation, partnership, association or trust. List additional names on a separate sheet.

Name	Title	% of outstanding voting shares

**7.** List branches you are renewing. Use separate sheet if necessary. Do not include your principal place of business (shown above) as a branch location. (This applies to branch locations in Arizona. Ex. DPC **BR**-1234567)

a. Address	License #: <b>DPCBR-</b>
City:	State: Zip Code: Telephone #
b. Address	License #: <b>DPCBR-</b>
City:	State: Zip Code: Telephone #
c. Address	License #: <b>DPCBR-</b>
City:	State: Zip Code: Telephone #
d. Address	License #: <b>DPCBR-</b>
City:	State: Zip Code: Telephone #
e. Address	License #: <b>DPCBR-</b>
City:	State: Zip Code: Telephone #

**8. Read Carefully.** List all occupational or professional licenses the licensee or any owner, officer, member, director, trustee, partner, or managing agent thereof holds or has held which have been **refused**, **denied** or have been **revoked** or **suspended** or had an **Administrative Order/Action** issued against it by an agency of Any State or The Federal Government. (This should cover anything that occurred since 06/30/2007) *Please provide complete details and the final disposition if any apply. Write "NONE" below if this section is not applicable.*



a. Name on License	Type of License	Issue Date <small>MO/DAY/YEAR</small>	Expiration Date <small>MO/DAY/YEAR</small>
Name of Licensing Agency	Type of Action	Date of Action <small>MO/DAY/YEAR</small>	
b. Name on License	Type of License	Issue Date <small>MO/DAY/YEAR</small>	Expiration Date <small>MO/DAY/YEAR</small>
Name of Licensing Agency	Type of Action	Date of Action <small>MO/DAY/YEAR</small>	
c. Name on License	Type of License	Issue Date <small>MO/DAY/YEAR</small>	Expiration Date <small>MO/DAY/YEAR</small>
Name of Licensing Agency	Type of Action	Date of Action <small>MO/DAY/YEAR</small>	
d. Name on License	Type of License	Issue Date <small>MO/DAY/YEAR</small>	Expiration Date <small>MO/DAY/YEAR</small>
Name of Licensing Agency	Type of Action	Date of Action <small>MO/DAY/YEAR</small>	

**9.** Does licensee meet the **Minimum Net Worth Requirement** of having at least fifty thousand dollars in cash or cash equivalents? Yes ☐ No ☐

**10. Since the license was issued** (07/01/07 to 06/30/08) or since the last renewal (6/30/07) has the applicant or any **executive officer, director, shareholder, partner, trustee, employee or any other interested party**;

- |  |  |
|--|--|
| a. been convicted in any jurisdiction of any felony or other crime?                      | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b. had an order entered against him/her by an administrative agency of any jurisdiction? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. had a financial judgment ordered against him/her in a civil action?                   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. filed bankruptcy within the past ten years?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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**NOTE: If you answered YES to any of the above (10. a through d), you MUST furnish complete details on a separate sheet and submit with this renewal application.**

11. Have you enclosed a copy of the current "Certificate of Good Standing" from the Arizona Corporation Commission?  
 Yes ☐ No ☐ Write NA if this does not apply to your business type \_\_\_\_\_.

**12. License Compliance Officer to whom inquiries on deficient renewal application can be directed.**

Name:	Title:	E-Mail Address:		
Direct Telephone Number & Extension:		FAX Number:		
Business Address:		City:	State:	Zip Code:

## AFFIDAVIT

**"MUST" be signed by an OWNER or OFFICER of the company and NOTARIZED**

STATE OF \_\_\_\_\_ )  
 ) ss  
 COUNTY OF \_\_\_\_\_ )

I (print Owner or Officer name) \_\_\_\_\_ being duly sworn, depose and say that I have signed the foregoing application as (print your title) \_\_\_\_\_ of the above named applicant, having full authority to sign such application in said capacity; that I have read said application and that the information contained therein is true.

\_\_\_\_\_  
 (Date) (Owner or Officer Signature)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
 My Commission Expires (Notary Public Signature)

### CHECKLIST: DID YOU?

- ☐ Complete all information **legibly**
- ☐ Follow all our instructions
- ☐ Include additional items if required for the answers that were provided
- ☐ Complete all fields with an **APPROPRIATE ANSWER or with NONE or N/A** (if it was not applicable)
- ☐ Make additional copies of any page, if addition space was necessary
- ☐ Include a current Certificate of Good Standing for this company
- ☐ Have the appropriate party sign the above Affidavit and had it notarized
- ☐ Submit the appropriate renewal fees
- ☐ Made check out to AZDFI and was the check signed
- ☐ Make copies of the completed renewal package for your records and to reference when addressed by this department about any problems / issues we may need you to take care of.
- ☐ Include all required items all together in one package to mail

	Arizona Department of Financial Institutions <b>ARIZONA STATEMENT OF CITIZENSHIP AND ALIEN STATUS FOR STATE PUBLIC BENEFITS</b>	
	<b>License Renewal Application</b>	

**Form 1: LONG FORM APPLICANT STATEMENT (revised)  
REQUIRING SUBMISSION OF DOCUMENTATION OF STATUS**

**ARIZONA STATEMENT OF CITIZENSHIP  
AND ALIEN STATUS FOR STATE PUBLIC BENEFITS**  
**Professional License and Commercial License**  
 Arizona Department of Financial Institutions

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 1-501 requires, in general, that a person applying for a license must submit documentation to the licensing agency that satisfactorily demonstrates that the applicant is lawfully present in the United States.

**Directions:** All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III. Submit this completed form and copy of one or more documents that evidence your citizenship or alien status with your application for license or renewal.

**SECTION I — APPLICANT INFORMATION**

APPLICANT'S NAME (Print or type) \_\_\_\_\_ DATE \_\_\_\_\_

TYPE OF APPLICATION (check one)    ☐ INITIAL APPLICATION                      ☐ RENEWAL

TYPE OF LICENSE \_\_\_\_\_

**SECTION II — CITIZENSHIP OR NATIONAL STATUS DECLARATION**

**Directions:** Attach a legible copy of the front, and the back (if any), of a document from the attached List A or other document that demonstrates U.S. citizenship or nationality. Name of document provided: \_\_\_\_\_

A. Are you a citizen or national of the United States? (check one)    ☐ Yes                      ☐ No

B. If the answer is "Yes," where were you born? List city, state (or equivalent), and country.  
     City \_\_\_\_\_ State (or equivalent) \_\_\_\_\_ Country or Territory \_\_\_\_\_

If you are a citizen or national of the United States, go to Section IV. If you are not a citizen or national of the United States, please complete Sections III and IV.

**SECTION III — ALIEN STATUS DECLARATION**

**Directions:** To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of the front, and the back (if any), of a document from the attached List B or other document that evidences your status. A.R.S. § 1-501. Name of document provided: \_\_\_\_\_

**"Qualified Alien" Status** (8 U.S.C. §§ 1621(a)(1), -1641(b) and (c))

- ☐ 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).

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- ☐ 2. An alien who is granted asylum under Section 208 of the INA.
- ☐ 3. A refugee admitted to the United States under Section 207 of the INA
- ☐ 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- ☐ 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- ☐ 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- ☐ 7. An alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980).
- ☐ 8. An alien who is, or whose child or child's parent is a "battered alien" or an alien subjected to extreme cruelty in the United States.

**Nonimmigrant Status** (8 U.S.C. § 1621(a)(2))

- ☐ 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C. § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C. § 1101(a)(15).

**Alien Paroled into the United States For Less Than One Year** (8 U.S.C. § 1621(a)(3))

- ☐ 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

**Other Persons** (8 U.S.C. § 1621(c)(2)(A) and (C))

- ☐ 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- ☐ 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 *et seq.*];
- ☐ 13. A foreign national not physically present in the United States.

**Otherwise Lawfully Present** (A.R.S. § 1-501)

- ☐ 14. A person not described in categories 1–13 who is otherwise lawfully present in the United States.  
**PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure.** See 8 U.S.C. § 1621(a).

**SECTION IV — DECLARATION**

**All applicants must complete this section.** I declare under penalty of perjury under the laws of the state of Arizona that the answers I have given are true and correct to the best of my knowledge.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
TODAY'S DATE

**Attachment: Lists A and B Evidence of U.S. Citizenship, U.S National Status, or Alien Status,**

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**Attachment to Form 1 Applicant Statement**

**EVIDENCE OF U.S. CITIZENSHIP, U.S NATIONAL STATUS, OR ALIEN STATUS**

**LIST A: U.S. CITIZEN OR U.S. NATIONAL**

Note: In this List, the term “Service” refers to the U.S. Citizenship and Immigration Service, formerly, the U.S. Immigration and Naturalization Service (INS).

[Source: Proposed Rules, Verification of Eligibility for Public Benefits, 8 CFR § 104.23; 63 FR 41662-01 August 4, 1998); and Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (“Interim Guidance”), 62 FR 61344 (Nov. 17, 1997), Attachment 4]

**Evidence showing U.S. citizen or U.S. national status includes the following:**

**a. Primary Evidence:**

- (1) A birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);
- (2) United States passport;
- (3) Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens);
- (4) Certificate of Birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS-1350), copies of which are available from the Department of State;
- (5) Form N-561, Certificate of Citizenship;
- (6) Form I-197, United States Citizen Identification Card (issued by the Service until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings) (formerly Form I-179, last issued in February 1974);
- (7) Form I-873 (or prior versions), Northern Marianas Card (issued by the Service to a collectively naturalized U.S. citizen who was born in the Northern Mariana Islands before November 3, 1986);
- (8) Statement provided by a U.S. consular official certifying that the individual is a U.S. citizen (given to an individual born outside the United States who derives citizenship through a parent but does not have an FS-240, FS-545, or DS-1350); or
- (9) Form I-872 (or prior versions), American Indian Card with a classification code "KIC" and a statement on the back identifying the bearer as a U.S. citizen (issued by the Service to U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border).

[Source: Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (“Interim Guidance”), 62 FR 61344 (Nov. 17, 1997), Attachment 4]

**b. Secondary Evidence**

If the applicant cannot present one of the documents listed in (a) above, the following may be relied upon to establish U.S. citizenship or U.S. national status:

- (1) Religious record recorded in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction) within three 3 months after birth showing that the birth occurred in such jurisdiction and the date of birth or the individual's age at the time the record was made;
- (2) Evidence of civil service employment by the U.S. government before June 1, 1976;
- (3) Early school records (preferably from the first school) showing the date of admission to the school, the applicant's date and U.S. place of birth, and the name(s) and place(s) of birth of the applicant's parents(s);
- (4) Census record showing name, U.S. nationality or a U.S. place of birth, and applicant's date of birth or age;

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- (5) Adoption finalization papers showing the applicant's name and place of birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction), or, when the adoption is not finalized and the state or other U.S. jurisdiction listed above will not release a birth certificate prior to final adoption, a statement from a State-or jurisdiction-approved adoption agency showing the applicant's name and place of birth in one of such jurisdictions, and stating that the source of the information is an original birth certificate;
- (6) Any other document that establishes a U.S. place of birth or otherwise indicates U.S. nationality (e.g., a contemporaneous hospital record of birth in that hospital in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);

**c. Collective Naturalization**

If the applicant cannot present one of the documents listed in (a) or (b) above, the following will establish U.S. citizenship for collectively naturalized individuals:

**Puerto Rico:**

- Evidence of birth in Puerto Rico on or after April 11, 1899 and the applicant's statement that he or she was residing in the U.S., a U.S. possession or Puerto Rico on January 13, 1941; or
- Evidence that the applicant was a Puerto Rican citizen and the applicant's statement that he or she was residing in Puerto Rico on March 1, 1917 and that he or she did not take an oath of allegiance to Spain.

**U.S. Virgin Islands:**

- Evidence of birth in the U.S. Virgin Islands, and the applicant's statement of residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927;
- The applicant's statement indicating resident in the U.S. Virgin Islands as a Danish citizen on January 17, 1917 and residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927, and that he or she did not make a declaration to maintain Danish citizenship; or
- Evidence of birth in the U.S. Virgin Islands and the applicant's statement indicating residence in the U.S., a U.S. possession or territory or the Canal Zone on June 28, 1932.

**Northern Mariana Islands (NMI) (formerly part of the Trust Territory of the Pacific Islands (TTPI)):**

- Evidence of birth in the NMI, TTPI citizenship and residence in the NMI, the U.S., or a U.S. territory or possession on November 3, 1986 (NMI local time) and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time);
- Evidence of TTPI citizenship, continuous residence in the NMI since before November 3, 1981 (NMI local time), voter registration prior to January 1, 1975 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time); or
- Evidence of continuous domicile in the NMI since before January 1, 1974 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time). Note: If a person entered the NMI as a nonimmigrant and lived in the NMI since January 1, 1974, this does not constitute continuous domicile and the individual is not a U.S. citizen

**d. Derivative Citizenship**

If the applicant cannot present one of the documents listed in a or b above, the following may be used to make a determination of derivative U.S. citizenship:

**Applicant born abroad to two U.S. citizen parents:** Evidence of the U.S. citizenship of the parents and the relationship of the applicant to the parents, and evidence that at least one parent resided in the U.S. or an outlying possession prior to the applicant's birth.

**Applicant born abroad to a U.S. citizen parent and a U.S. non-citizen national parent:** Evidence that one parent is a U.S. citizen and that the other is a U.S. non-citizen national, evidence of the relationship of the applicant to the U.S. citizen parent, and evidence that the U.S. citizen parent resided in the U.S., a U.S. possession, American Samoa or Swain's Island for a period of at least one year prior to the applicant's birth.

**Applicant born out of wedlock abroad to a U.S. citizen mother:** - Evidence of the U.S. citizenship of the mother, evidence of the relationship to the applicant and, for births on or before December 24, 1952, evidence that the



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mother resided in the U.S. prior to the applicant's birth or, for births after December 24, 1952, evidence that the mother had resided, prior to the child's birth, in the U.S. or a U.S. possession for a period of one year.

**Applicant born in the Canal Zone or the Republic of Panama:**

- A birth certificate showing birth in the Canal Zone on or after February 26, 1904 and before October 1, 1979 and evidence that one parent was a U.S. citizen at the time of the applicant's birth; or
- A birth certificate showing birth in the Republic of Panama on or after February 26, 1904 and before October 1, 1979 and evidence that at least one parent was a U.S. citizen and employed by the U.S. government or the Panama Railroad Company or its successor in title.

In all other situations in which an applicant claims to have a U.S. citizen parent and an alien parent, or claims to fall within one of the above categories, but is unable to present the listed documentation:

- If the applicant is in the U.S., the applicant should contact the local U.S. Citizenship and Immigration Service office for determination of U.S. citizenship;
- If the applicant is outside the U.S., the applicant should contact the State Department for a U.S. citizenship determination.

**e. Adoption of Foreign-Born Child by U.S. Citizen**

- If the birth certificate shows a foreign place of birth and the applicant cannot be determined to be a naturalized citizen under any of the above criteria, obtain other evidence of U.S. citizenship;
- Because foreign-born adopted children do not automatically acquire U.S. citizenship by virtue of adoption by U.S. citizens, the applicant should contact the local U.S. Citizenship and Immigration Service office for a determination of U.S. citizenship, if the applicant provides no evidence of U.S. citizenship.

**f. U.S. Citizenship By Marriage**

A woman acquired U.S. citizenship through marriage to a U.S. citizen before September 22, 1922. Provide evidence of U.S. citizenship of the husband, and evidence showing the marriage occurred before September 22, 1922.

Note: If the husband was an alien at the time of the marriage, and became naturalized before September 22, 1922, the wife also acquired naturalized citizenship. If the marriage terminated, the wife maintained her U.S. citizenship if she was residing in the U.S. at that time and continued to reside in the U.S.

**LIST B: QUALIFIED ALIENS, NONIMMIGRANTS, AND ALIENS PAROLED INTO U.S. FOR LESS THAN ONE YEAR**

The documents listed below that are registration documents are indicated with an asterisk (\*).

**a. "Qualified Aliens"**

Evidence of "Qualified Alien" status includes the following:

***Alien Lawfully Admitted for Permanent Residence***

- \*Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"); or
- Unexpired Temporary I-551 stamp in foreign passport or on \*I Form I-94.

***Asylee***

- \* Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
- \*Form I-688B (Employment Authorization Card) annotated "274a.12(a)(5)";
- \* Form I-766 (Employment Authorization Document) annotated "A5";
- Grant letter from the Asylum Office of the U.S. Citizenship and Immigration Service; or
- Order of an immigration judge granting asylum.

***Refugee***

- \* Form I-94 annotated with stamp showing admission under § 207 of the INA;
- \* Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or
- \* Form I-766 (Employment Authorization Document) annotated "A3"

2910 North 44 <sup>th</sup> Street, Suite 310 Phoenix, AZ 85018	<b>Form:</b> Revised	<b>DPC-REN-002</b> 05/14/2008
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	Arizona Department of Financial Institutions	
	<b>ARIZONA STATEMENT OF CITIZENSHIP AND ALIEN STATUS FOR STATE PUBLIC BENEFITS</b>	
<b>License Renewal Application</b>		Section 2 Page 6 of 6

***Alien Paroled Into the U.S. for a Least One Year***

- \* Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

***Alien Whose Deportation or Removal Was Withheld***

- \* Form I-688B (Employment Authorization Card) annotated "274a.12(a)(10)";
- \* Form I-766 (Employment Authorization Document) annotated "A10"; or
- Order from an immigration judge showing deportation withheld under §243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under § 241(b)(3) of the INA.

***Alien Granted Conditional Entry***

- \* Form I-94 with stamp showing admission under §203(a)(7) of the INA;
- \* Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or
- \* Form I-766 (Employment Authorization Document) annotated "A3."

***Cuban/Haitian Entrant***

- \* Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6;
- Unexpired temporary I-551 stamp in foreign passport or on \* Form I-94 with the code CU6 or CU7; or
- Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under Section 212(d)(5) of the INA.

***Alien Who Has Been Declared a Battered Alien or Alien Subjected to Extreme Cruelty***

- U.S. Citizenship and Immigration Service petition and supporting documentation

**b. Nonimmigrant**

Evidence of "Nonimmigrant" status includes the following:

- \* Form I-94 with stamp showing authorized admission as nonimmigrant

**c. Alien Paroled into U.S. for Less than One Year**

Evidence includes:

- \* Form I-94 with stamp showing admission for less than one year under section 212(d)(5) of the INA

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11/08/07



## Deferred Presentment Company License Renewal Application

## Company Financial Statement

Section 3

Page 1 of 3

License #: DPC \_\_\_\_\_ Name: \_\_\_\_\_

DBA name (if applicable): \_\_\_\_\_

Every "TOTAL" line must have a total amount entered. Total Assets and Liabilities MUST EQUAL.

Financial Conditions at Close Of Business (not older than 12/31/07) On \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MO/DAY/YEAR)

ASSETS		LIABILITIES	
Cash on Hand and in Bank	\$ _____	Accounts Payable - Not Due	\$ _____
Accounts Rec. Customers - Current	\$ _____	Accounts Payable - Past Due	\$ _____
Accounts Rec. Customers - Past Due	\$ _____	Notes Payable	\$ _____
Total Accounts Receivable	\$ _____	Notes Payable Other Banks	\$ _____
Less: Reserve Doubtful Accts.	\$ _____ \$ _____	Notes or Trade Acceptances Payable for Mdse.	\$ _____
Notes Receivable - Customers	\$ _____	Other Notes Payable	\$ _____
Less: Reserve Doubtful Notes	\$ _____ \$ _____	Portion of Equipment Contracts and Chattel	
Trade Acceptances Receivable	\$ _____	Mortgages Due Within One Year	\$ _____
Merchandise - Finished	\$ _____	Due Officers and Stockholders (Sched 2)	\$ _____
Merchandise - In Process	\$ _____	Due Controlled or Affiliated Concerns (Sched 6)	\$ _____
Merchandise - Raw Materials	\$ _____	Reserve for Income Taxes	\$ _____
Readily Marketable Securities (Sched 3)	\$ _____	Other Taxes Payable	\$ _____
		Accrued Liabilities	\$ _____
Net Cash Surrender Value of Life Insurance (Sched 1)	\$ _____	Portion of Long Term Debt Due within One Year	\$ _____
<b>TOTAL CURRENT ASSETS</b>	<b>\$ _____</b>	<b>TOTAL CURRENT LIABILITIES</b>	<b>\$ _____</b>
Real Estate and Bldgs. (Sched 4)	\$ _____	Real Estate Encumbrances (Sched 5)	\$ _____
Less: Reserve for Depreciation	\$ _____ \$ _____		
Machinery - Equipment - Fixtures	\$ _____	Non-Current Portion of Equipment Contracts	
Less: Reserve for Depreciation	\$ _____ \$ _____	and Chattel Mortgages	\$ _____
Automobiles and Trucks	\$ _____	Other Non-Current Debt (describe):	\$ _____
Less: Reserve for Depreciation	\$ _____ \$ _____		
Investments in Controlled or Affiliated Co. (Sched 6)	\$ _____	<b>TOTAL LIABILITIES</b>	<b>\$ _____</b>
Other Securities Owned (Sched 3)	\$ _____		
		Other Reserves (describe): _____	\$ _____
Due from Controlled or Affiliated Co. (Sched 6)	\$ _____		
Due from Officers and Stockholders (Sched 2)	\$ _____		
Other Non-Current Receivables	\$ _____	NET WORTH:	
		Preferred Stock	\$ _____
Deferred and Prepaid Items	\$ _____	Common Stock	\$ _____
		Capital Surplus	\$ _____
		Earned Surplus	\$ _____
		TOTAL NET WORTH	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>	<b>TOTAL</b>	<b>\$ _____</b>

**CONTINGENT LIABILITIES (not already included) If none, so state.**

On Acceptances, Contracts or Notes Discounted or Sold \$

As Guarantor or Endorser for \$

For Merchandise Consigned by Suppliers \$

Otherwise (describe) \$

Are any book accounts sold or assigned? Yes ☐ No ☐ Amount \$

To whom? \_\_\_\_\_

With Recourse? Yes ☐ No ☐

**COMMITMENTS:**

Approximate Purchase Commitments \$

Approximate Unfilled Orders on Hand \$

Describe any other unusual commitments \_\_\_\_\_

Has full provision been made on this statement for all doubtful receivables from customers and are the foregoing valuations on them conservative? Yes ☐ No ☐

Are any assets pledged or any debts secured except as indicated? Yes ☐ No ☐ If so, please itemize by debt and security.

Are there any judgments, suits, or any claims for tax deficiencies now pending or in prospect against the corporation? Explain

**OPERATING RECORD FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ (DATE) TO \_\_\_\_/\_\_\_\_/\_\_\_\_ (DATE):**  
*If profit and loss statement does not fit your business, please attach a statement on your own form.*

Net Sales for Period	\$
Cost of Goods Sold	\$
Gross Profit	\$
Selling Expense	\$
Administrative Expense	\$
General Expense	\$
Total Operating Expense	\$
Operating Profit	\$
Other Income	\$
Total Income	\$
Other Deductions	\$
Federal & State Income Tax	\$
Total Deductions	\$
Net Profit	\$
Total Depreciation and Amortization included in above statement	\$
Deductions for Bad Accounts included in above statement	\$
Salaries to Executive Officers included in above statement	\$

**Reconciliation of Surplus:**

Surplus at beginning of period	\$
Net Profit	\$
*Surplus Credits	\$
Total	\$
Dividends Paid	\$
*Surplus Debits	\$
Surplus as of this statement date	\$

\*If Surplus Adjustments involve important transactions please give details below: \_\_\_\_\_

**MONTHLY SALES**

Please enter here your approximate sales by months during the past fiscal period:

Jan	Feb	Mar
Apr	May	Jun
Jul	Aug	Sept
Oct	Nov	Dec

**Complete the following. Include the supporting schedules.**

**OTHER BANKS USED:**

Name	City	Do you borrow there?	Maximum Debt Past Year
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____

	<b>Arizona Department of Financial Institutions</b> <b>Deferred Presentment Company License Renewal Application</b>	
<b>Company Financial Statement</b>		Section 3 Page 3 of 3

**RENTAL:** Does company rent? Yes ☐ No ☐  
 Present monthly rental paid \$ \_\_\_\_\_  
 Date of expiration of lease \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**CORPORATE INFORMATION:** Under laws of what state are you incorporated? \_\_\_\_\_  
 Are all franchise taxes current? Yes ☐ No ☐  
 Are you authorized to do business in Arizona? Yes ☐ No ☐  
 Have all other legal requirements been met? Yes ☐ No ☐

No. of authorized common shares \_\_\_\_\_ Outstanding \_\_\_\_\_ Par value \$ \_\_\_\_\_  
 Year last div. paid \_\_\_\_\_ Annual rate if established \$ \_\_\_\_\_ No. of authorized pfd. shares \_\_\_\_\_  
 Outstanding \_\_\_\_\_ Par value \$ \_\_\_\_\_ Dividend preference \$ \_\_\_\_\_ Cumulative? \_\_\_\_\_  
 Div. Pd. to \_\_\_\_\_  
 Please list any trade styles used by the corporation \_\_\_\_\_

**SCHEDULE 2 - OFFICERS, DIRECTORS AND PRINCIPAL STOCKHOLDERS**

Name	Title	Shares Owned		Officers and Stockholders Accts	
		Preferred	Common	Due to Corp	Due from Corp.

GENERAL REMARKS - Please explain here or in a supplementary letter any important differences between carrying values and actual values, any unusual receivables or payables of importance, or any other factors which have a bearing on interpretation of your financial statement. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I certify that the above information provided by me is true, complete, and correct to the best of my knowledge and belief. (BELOW MUST BE COMPLETED)

My telephone number is: \_\_\_\_\_ and my fax # is: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_